

Fill in this information to identify your case and this filing:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern		District of	Mississippi
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 Homestead

Street address, if available, or other description

613 Cedar Springs Dr

Jackson, MS 39212-5711

City State ZIP Code

Hinds

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$148,000.00

Current value of the portion you own?

\$148,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

\$148,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

Debtor Leflore, Marquita J

Case number (if known) _____

3.1	Make: <u>Saturn</u> Model: <u>View</u> Year: <u>2008</u> Approximate mileage: <u>288000</u>	Who has an interest in the property? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
			Current value of the entire property?	Current value of the portion you own?
			<u>\$1,000.00</u>	<u>\$1,000.00</u>
Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories <i>Examples:</i> Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here → <u>\$1,000.00</u>				
Part 3: Describe Your Personal and Household Items				
Do you own or have any legal or equitable interest in any of the following items?				Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings <i>Examples:</i> Major appliances, furniture, linens, china, kitchenware <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<u>\$1,625.00</u>		
7.	Electronics <i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<u>\$950.00</u>		
8.	Collectibles of value <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.			
9.	Equipment for sports and hobbies <i>Examples:</i> Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.			

Debtor Leflore, Marquita J

Case number (if known) _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.

	\$2,000.00
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12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.

	\$50.00
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13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

	\$4,625.00
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Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes Cash:

	\$4,289.00
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Debtor Leflore, Marquita J

Case number (if known) _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes

Institution name:

17.1. Checking account:	<u>Navy FCU & Capital One</u>	<u>\$416.00</u>
17.2. Savings account:	<u>Navy FCU & Capital One</u>	<u>\$231.00</u>
17.3. Other financial account:	<u>Cash app, paypal, venmo used only for pass thru to bank accounts</u>	<u>\$0.00</u>

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: _____ Institution name: _____

Retirement account:	<u>PERS - Debtor claims FMV</u>	<u>\$10,000.00</u>
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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Debtor Leflore, Marquita J

Case number (if known) _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No
 Yes

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No
 Yes

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No
 Yes. Give specific information about them. ...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- No
 Yes. Give specific information about them. ...

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
 Yes. Give specific information about them. ...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

- No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$5,000 per individual
Earned Income: \$5,000 per individual

State: \$5,000 per type / per individual

Federal:	<u>\$10,000.00</u>
State:	<u>\$5,000.00</u>
Local:	_____

29. **Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information.

Debtor Leflore, Marquita J

Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

Potential mortgage contract issue

unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

Potential Pre-Petition and Post Petition Claims

Debtor retains and reserves for the debtor and Ch13 Trustee all pre-petition and post-petition claims that could be asserted against any party or entity arising or related to any state or federal statute or common law. Any funds received from such claims shall be used in part to fund the plan as confirmed.

\$0.00

35. Any financial assets you did not already list No Yes. Give specific information.**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$29,936.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$0.00

Debtor Leflore, Marquita J

Case number (if known) _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$148,000.0056. Part 2: Total vehicles, line 5 \$1,000.0057. Part 3: Total personal and household items, line 15 \$4,625.0058. Part 4: Total financial assets, line 36 \$29,936.0059. Part 5: Total business-related property, line 45 \$0.0060. Part 6: Total farm- and fishing-related property, line 52 \$0.0061. Part 7: Total other property not listed, line 54 + \$0.0062. Total personal property. Add lines 56 through 61. \$35,561.00 Copy personal property total → + \$35,561.0063. Total of all property on Schedule A/B. Add line 55 + line 62. \$183,561.00

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Southern	District of Mississippi
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Homestead 613 Cedar Springs Dr Jackson, MS 39212-5711	\$148,000.00	<input checked="" type="checkbox"/> \$44,671.31 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-21
Line from <i>Schedule A/B</i> : 1.1			
Brief description: 2008 Saturn View	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
Line from <i>Schedule A/B</i> : 3.1			

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 **Marquita J Leflore** Case number (if known) _____

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Household goods</u>	<u>\$1,625.00</u>	<input checked="" type="checkbox"/> <u>\$1,625.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Electronics</u>	<u>\$950.00</u>	<input checked="" type="checkbox"/> <u>\$950.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Clothes</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Jewelry</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Cash</u>	<u>\$4,289.00</u>	<input checked="" type="checkbox"/> <u>\$4,289.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Line from Schedule A/B: <u>16</u>			
Brief description: <u>PERS - Debtor claims FMV</u>	<u>\$10,000.00</u>	<input checked="" type="checkbox"/> <u>\$10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(e)</u>
Line from Schedule A/B: <u>21</u>			
Brief description: <u>Federal: \$5,000 per individual Earned Income: \$5,000 per individual Federal tax</u>	<u>\$10,000.00</u>	<input checked="" type="checkbox"/> <u>\$5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(j)</u> <u>Miss. Code Ann. § 85-3-1(i)</u>
Line from Schedule A/B: <u>28</u>			
Brief description: <u>State: \$5,000 per type / per individual State tax</u>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> <u>\$5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(k)</u>
Line from Schedule A/B: <u>28</u>			

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Southern	District of Mississippi
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.1	Hope FCU Mortgage Creditor's Name Attn: Mail Stop NOE 1290 1 Corporate Dr Ste 360 Number Street Lake Zurich, IL 60047-8945 City State ZIP Code	Describe the property that secures the claim: Homestead 613 Cedar Springs Dr Jackson, MS 39212-5711	\$103,328.69	\$148,000.00	\$0.00	
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	First Mortgage on home or property				
	Date debt was incurred _____	Last 4 digits of account number	_____			
	Add the dollar value of your entries in Column A on this page. Write that number here:					\$103,328.69

Debtor 1	Marquita	J	Leflore	Case number (if known) _____		
	First Name	Middle Name	Last Name			
Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
2.2	Describe the property that secures the claim: _____					
Creditor's Name _____ Number Street _____ City State ZIP Code _____				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Date debt was incurred _____				Last 4 digits of account number _____		
Add the dollar value of your entries in Column A on this page. Write that number here: _____				\$0.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____				\$103,328.69		

Debtor 1 **Marquita J Leflore** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1 <u>LOGS Legal Group</u> Name <u>Bankruptcy Notices</u> <u>579 Lakeland East Dr D</u> Number Street <u>Flowood, MS 39232-9023</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number _____
2 <u>Logs Group LLC</u> Name <u>1080 River Oaks Dr B-202</u> Number Street <u>Flowood, MS 39232-9779</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number _____
3 <u>Hope Credit Union</u> Name <u>Bankruptcy Notices</u> <u>Po Box 22886</u> Number Street <u>Jackson, MS 39225-2886</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number _____
4 <u>Hope Credit Union</u> Name <u>QWR Notices & Requests</u> <u>Po Box 77423</u> Number Street <u>Trenton, NJ 08628-7423</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number _____
 Name <u> </u> Number Street <u> </u> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
 Name <u> </u> Number Street <u> </u> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

Debtor 1 **Marquita J Leflore** Case number (if known) _____
First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City State ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Southern	District of Mississippi
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
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2.1	IRS Priority Creditor's Name <u>Centralized Insolvency Operation</u>	Last 4 digits of account number _____	\$0.00	\$0.00	\$0.00
	Po Box 7346 Number Street Philadelphia, PA 19101-7346	When was the debt incurred? _____			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.	Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Marquita J Leflore Case number (if known) _____
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount	
<u>2.2</u>	<u>MS Dept of Revenue</u>	Last 4 digits of account number	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	
Priority Creditor's Name			When was the debt incurred?			
<u>Bankruptcy Department</u>						
<u>Po Box 22808</u>			As of the date you file, the claim is: Check all that apply.			
Number	Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>Jackson, MS 39225-2808</u>			<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
City	State	ZIP Code				
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<u>2.3</u>	Last 4 digits of account number					
Priority Creditor's Name			When was the debt incurred?			
<u>Number Street</u>						
<u>City State ZIP Code</u>			As of the date you file, the claim is: Check all that apply.			
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 **Marquita J Leflore** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Baptist Hospital Nonpriority Creditor's Name Billing Department 1225 N State St Number Street Jackson, MS 39202-2064 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.2	Mohela Student Loans Nonpriority Creditor's Name Po Box 1022 Number Street Chesterfield, MO 63006-1022 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$103,000.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Remarks: Debtor still in school			

Debtor 1 **Marquita J Leflore** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

4.3	Nonpriority Creditor's Name	Last 4 digits of account number	
		When was the debt incurred?	
Number Street			
City State ZIP Code		As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
4.4	Nonpriority Creditor's Name	Last 4 digits of account number	
		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Marquita J Leflore** Case number (if known) _____
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Baptist Medical Group

Name _____ On which entry in Part 1 or Part 2 did you list the original creditor?
Billing Dept
 Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Po Box 745336 Last 4 digits of account number _____
 Number Street _____
Atlanta, GA 30374-5333
 City State ZIP Code _____

_____ On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
 Number Street _____ Last 4 digits of account number _____
 City State ZIP Code _____

_____ On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
 Number Street _____ Last 4 digits of account number _____
 City State ZIP Code _____

_____ On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
 Number Street _____ Last 4 digits of account number _____
 City State ZIP Code _____

_____ On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
 Number Street _____ Last 4 digits of account number _____
 City State ZIP Code _____

_____ On which entry in Part 1 or Part 2 did you list the original creditor?
 Name _____ Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
 Number Street _____ Last 4 digits of account number _____
 City State ZIP Code _____

Debtor 1 **Marquita J Leflore** Case number (if known) _____

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<input type="checkbox"/>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line ____ of (Check one):
Number Street	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
City	State ZIP Code

Debtor 1 **Marquita J Leflore** Case number (if known) _____

First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	<u>\$0.00</u>
Total claims from Part 2	6f. Student loans	6f. <u>\$103,000.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$0.00</u>
	6j. Total. Add lines 6f through 6i.	<u>\$103,000.00</u>

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Southern	District of Mississippi
Case number (if known) _____			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Progressive Leasing		Refridgerator
	Name		
	256 W Data Dr		
	Number	Street	
	Draper, UT 84020-2315		
	City	State	ZIP Code
2.2			
	Name		
	Number	Street	
	City	State	ZIP Code
2.3			
	Name		
	Number	Street	
	City	State	ZIP Code
2.4			
	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Southern	District of Mississippi
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____ Schedule D, line _____

Number _____ Street _____ Schedule E/F, line _____

City _____ State _____ ZIP Code _____ Schedule G, line _____

3.2

Name _____ Schedule D, line _____

Number _____ Street _____ Schedule E/F, line _____

City _____ State _____ ZIP Code _____ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern		District of Mississippi	
Case number _____ (if known)			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- Employed
 Not employed

- Employed
 Not employed

Occupation

HR Analyst

Employer's name

MS Personnel Board

Employer's address

210 E Capitol St Ste 800

Number Street

Attn: Payroll

Number Street

Jackson, MS 39201-2333

City State ZIP Code

City State ZIP Code

How long employed there? 4 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. **\$3,695.47**

3. Estimate and list monthly overtime pay.

3. + **\$0.00** + **_____**

4. Calculate gross income. Add line 2 + line 3.

4. **\$3,695.47**

Debtor 1	Marquita	J	Leflore	Case number (if known) _____
	First Name	Middle Name	Last Name	

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$3,695.47	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$491.13	
5b. Mandatory contributions for retirement plans	5b. \$332.59	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$50.55	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	+ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$874.27	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,821.21	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8a. _____	8a. \$349.72	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8c. _____	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$349.72	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$3,170.93	+ _____ = \$3,170.93
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$0.00	

Debtor 1 **Marquita J Leflore** Case number (if known) _____

First Name Middle Name Last Name

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

\$3,170.93

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Debtor 1 **Marquita** **J** **Leflore** Case number (if known) _____

First Name Middle Name Last Name

8a. Attached Statement

Business Income (NET) -Marquitable Essentials LLC

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$349.72</u>
--------------------------	------------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
--	--

TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
-------------------------------------	----------------------

3. Other Expenses	
-------------------	--

TOTAL OTHER EXPENSES	<u>\$0.00</u>
----------------------	----------------------

4. TOTAL MONTHLY EXPENSES (Add item 2 - 21)	<u>\$0.00</u>
---	----------------------

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 1)	<u>\$349.72</u>
--	------------------------

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.			Child	17	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Do not state the dependents' names.					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4.	\$0.00
----	---------------

If not included in line 4:

- | | |
|---|--------------------|
| 4a. Real estate taxes | 4a. \$0.00 |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$10.00 |
| 4d. Homeowner's association or condominium dues | 4d. \$0.00 |

Debtor 1

Marquita	J	Leflore
First Name	Middle Name	Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____ \$0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$300.00
6b.	Water, sewer, garbage collection	6b. _____ \$100.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$301.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$364.93
8.	Childcare and children's education costs	8. _____ \$0.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$0.00
10.	Personal care products and services	10. _____ \$70.00
11.	Medical and dental expenses	11. _____ \$55.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$172.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$0.00
14.	Charitable contributions and religious donations	14. _____ \$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$150.00
15b.	Health insurance	15b. _____ \$0.00
15c.	Vehicle insurance	15c. _____ \$90.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____ \$0.00
17b.	Car payments for Vehicle 2	17b. _____ \$0.00
17c.	Other. Specify: _____	17c. _____ \$0.00
17d.	Other. Specify: _____	17d. _____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1

Marquita	J	Leflore
First Name	Middle Name	Last Name

Case number (if known) _____

21. Other. Specify: _____

21. + _____ \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. _____ \$1,612.93

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. _____ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. _____ \$1,612.93

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. _____ \$3,170.93

23b. Copy your monthly expenses from line 22c above.

23b. - _____ \$1,612.93

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. _____ \$1,558.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

--

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$148,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$35,561.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$183,561.00

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D.....	\$103,328.69
---	---------------------

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$103,000.00

Your total liabilities

\$206,328.69

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$3,170.93
---	-------------------

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$1,612.93
---	-------------------

Debtor 1

Marquita	J	Leflore
First Name	Middle Name	Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$4,045.19

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:9a. Domestic support obligations (Copy line 6a.) \$0.009b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.009c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.009d. Student loans. (Copy line 6f.) \$103,000.009e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.009f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.009g. **Total.** Add lines 9a through 9f. \$103,000.00

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person _____ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Marquita J Leflore
Marquita J Leflore, Debtor 1

Date 04/18/2025
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 **Marquita J Leflore** Case number (if known) _____

First Name Middle Name Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income	Gross Income	Sources of income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:			
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$11,252.57</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input checked="" type="checkbox"/> Operating a business	<u>\$1,049.16</u>	<input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY			
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$36,820.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input checked="" type="checkbox"/> Operating a business	<u>(7,689.00)</u>	<input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY			
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$33,392.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input checked="" type="checkbox"/> Operating a business	<u>(4,354.00)</u>	<input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income	Gross income from each source	Sources of income
	Describe below.	(before deductions and exclusions)	Describe below.

From January 1 of current year until the date you filed for bankruptcy: _____

For last calendar year:
(January 1 to December 31, 2024)
YYYY

For the calendar year before that:
(January 1 to December 31, 2023)
YYYY

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	
City State ZIP Code	_____	_____	

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____
Number Street	_____	_____	_____
City State ZIP Code	_____	_____	_____

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City	State	ZIP Code		

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title	Potential Suit against mortgage company	unknown Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Debtor 1	Marquita	J	Leflore	Case number (if known) _____
	First Name	Middle Name	Last Name	
Hope FCU Mortgage Creditor's Name			Describe the property Foreclosure scheduled	
			Date	Value of the property
			<u>04/25/2025</u>	
			Explain what happened <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
1 Corporate Dr Ste 360 Number Street				
Lake Zurich, IL 60047-8945 City State ZIP Code				

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount taken
Number Street			
City State ZIP Code	Last 4 digits of account number: XXXX-__-__-__		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person**Describe the gifts****Dates you gave the gifts****Value**

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.**Gifts or contributions to charities that total more than \$600****Describe what you contributed****Date you contributed****Value****Hope in Life Worship Center****tithes****monthly****\$100.00**

Charity's Name

Number Street

City State ZIP Code

Gifts or contributions to charities that total more than \$600**Describe what you contributed****Date you contributed****Value****Goodwill****Clothing****various**

Charity's Name

Number Street

City State ZIP Code

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Coxwell Attorneys	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
<u>1675 Lakeland Dr Ste 102</u>	<u>Attorney's Fee</u>	<u>4/17/2025</u>	<u>\$500.00</u>
Number Street			
<u>Jackson, MS 39216-4850</u>			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
<u>City State ZIP Code</u>			

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
 Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			

Person's relationship to you _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution

XXXX- _____

 Checking Savings Money market Brokerage Other _____

Number Street

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____		
	City State ZIP Code		
City State ZIP Code			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____		
	City State ZIP Code		
City State ZIP Code			

Debtor 1

Marquita**J****Leflore**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Where is the property?		Describe the property		Value
Son, Debtor's Owner's Name <hr/> <hr/>		debtor's name on minor son's bank account with capital one <hr/>		<hr/>
Number	Street	City	State	ZIP Code
City	State	ZIP Code		

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?** No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site <hr/>	Governmental unit <hr/>	<hr/>
Number Street <hr/>	Number Street <hr/>	<hr/>
City <hr/>	State ZIP Code <hr/>	
City <hr/>	State ZIP Code <hr/>	

25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details.

Debtor 1

Marquita J Leflore

First Name

Middle Name

Last Name

Case number (if known) _____

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		_____
Number Street	Number Street		
		City State ZIP Code	
		City State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Number Street	_____	
Case number _____ City State ZIP Code	_____	

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Marquitable Essentials LLC Name _____	EIN: _____
Marketing & graphic design	
Name of accountant or bookkeeper	Dates business existed
Number Street _____	From <u>2020</u> To <u>ongoing</u>
City State ZIP Code _____	

Debtor 1 **Marquita J Leflore**
 First Name Middle Name Last Name Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued _____

Name _____ MM / DD / YYYY _____

Number Street _____

City State ZIP Code _____

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Marquita J Leflore

Signature of Marquita J Leflore, Debtor 1

Date 04/18/2025

Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Marquita	J	Leflore
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Hope FCU Mortgage	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: Homestead 613 Cedar Springs Dr Jackson, MS 39212-5711		

Debtor 1 **Marquita J Leflore** **Case number (if known)** _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Marquita J Leflore

Signature of Debtor 1

Date 04/18/2025

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Mississippi

In re Leflore, Marquita J

Case No. _____

Debtor Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$4,000.00

Prior to the filing of this statement I have received \$500.00

Balance Due \$3,500.00

- The source of the compensation paid to me was:

Debtor Other (specify)

- The source of compensation to be paid to me is:

Debtor Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

- In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Adversary proceedings, objections to discharge, audits, 2004 exams, avoiding judicial liens, conversion to another chapter, relief from stay actions, tax discharge matters, student loans, stay violations, consumer litigation, and other matters listed in the Bankruptcy Service Agreement. Copy and postage charges: Debtor agrees that Attorney may charge without notice or documentation, a copy, postage, and handling expense of \$1.00 for each item noticed to creditors subject to court approval.

B2030 (Form 2030) (12/15)

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>04/18/2025</u> <i>Date</i>	<u>/s/ Rachel A Coxwell</u> <i>Rachel A Coxwell Signature of Attorney</i>
Bar Number: 105559 Coxwell Attorneys 1675 Lakeland Dr Ste 102 Jackson, MS 39216-4850 Phone: (601) 948-4450	
<u>Coxwell Attorneys</u> <i>Name of law firm</i>	

Date: 04/18/2025 /s/ Marquita J Leflore
Marquita J Leflore